

IMAP Withdrawal Form
Indiana Department of Education
Division of Professional Standards
IMAP-BA
State House Room 229
Indianapolis, IN 46204
Fax: (317) 234-0209

Beginning Educator Information	
Last Name:	
First Name:	
Social Security # :	
License #	
School Corporation Information	
School Corporation Name	
Corp #	
School Corporation Name	
School #	

Reason for withdrawal of beginning educator :	
Printed Principal/Supervisor/Facilitator Name	
Signature Principal's/Supervisor/Facilitator	
Date	

Mentor Information	
Last Name	
First Name	
Social Security # :	
License # :	